


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 601330 1. Entity Name H. RAYMOND KLEIN, D.D.S., P. A.	
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Principal Place of Business 943 CESERY BLVD. JACKSONVILLE, FL 32211	Mailing Address 943 CESERY BLVD. JACKSONVILLE, FL 32211
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02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1269352	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEIN, H RAYMOND 943 CESERY BLVD. JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retesting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, H. RAYMOND 943 CESERY BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, RENEE M 943 CESERY BLVD. JACKSONVILLE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>H. Raymond Klein, D.D.S.</i>	H. Raymond Klein, D.D.S. (904)	X 2/28/2005 743-2000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>